



# PETITION FOR SURVEY AND REASSESSMENT - REAL AND PERSONAL PROPERTY PARTIALLY OR TOTALLY DESTROYED BY DISASTER

State Form 17592 (R3 / 10-01)

Prescribed by the Department of Local Government Finance

**FORM 137R**

**FOR OFFICE USE ONLY**

Return Petition To:

**DEPARTMENT OF LOCAL GOVERNMENT FINANCE**  
100 North Senate Avenue, Room N1058  
Indianapolis, Indiana 46204

Pursuant to IC 6-1.1-4-11, the undersigned hereby petitions the Department of Local Government Finance for a survey and reassessment of improvements and personal property described below. *(Description must match legal description on Tax Bill Duplicate.)*

|   |          |  |            |               |          |
|---|----------|--|------------|---------------|----------|
| Name of taxpayer (first, middle, last)  |          | Address of taxpayer (number and street, city, state, ZIP code) |            |               |          |
| Date of disaster (month, day, year)   |          | Kind of disaster   |            |               |          |
| County  |          | Township   |            | Parcel number |          |
| Section   | Township | Range  | Lot number | Block         | Addition |
| Location of property destroyed (number and street or Rural Route, city, ZIP code) |          |  |            |               |          |

Do not complete unless Reassessment ordered.

| REAL PROPERTY REASSESSMENT |                                |                   |      |                                  |
|----------------------------|--------------------------------|-------------------|------|----------------------------------|
| TYPE OF STRUCTURE          | ASSESSED VALUE OF IMPROVEMENTS | PERCENT OF DAMAGE | DATE | REASSESSMENT (TOWNSHIP ASSESSOR) |
|                            | \$                             |                   |      | \$                               |
|                            |                                |                   |      |                                  |
|                            |                                |                   |      |                                  |
|                            |                                |                   |      |                                  |
| TOTAL                      |                                |                   |      |                                  |

Do not complete unless Reassessment ordered.

| PERSONAL PROPERTY REASSESSMENT |                |                   |      |                                  |
|--------------------------------|----------------|-------------------|------|----------------------------------|
| TYPE OF PROPERTY               | ASSESSED VALUE | PERCENT OF DAMAGE | DATE | REASSESSMENT (TOWNSHIP ASSESSOR) |
|                                | \$             |                   |      | \$                               |
|                                |                |                   |      |                                  |

| AFFIDAVIT  |                    |                             |
|--|--------------------|-----------------------------|
| <i>I, under oath, hereby declare that the statements contained in this petition are true and correct and constitute the basis for the survey and reassessment.</i> |                    |                             |
| Signature of taxpayer  |                    | Date signed (mo., day, yr.) |
| Signature of Assessor  | Type or print name | Date signed (mo., day, yr.) |

| DEPARTMENT OF LOCAL GOVERNMENT FINANCE ACTION |                |   |                         |
|---|----------------|---|-------------------------|
| Surveyor                                      | Date of survey | Ordered reassessed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Date ordered reassessed |
| Remarks:                                      |                |   |                         |